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Care Ethics and "Caring" Organizations

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Over the past three decades, the relation between ethics of care and ethics of justice has been much discussed (Gilligan 1982; Engster 2007; Held 2006; Noddings 1984). Early on, the two approaches to ethics were contrasted; a bit later, attempts were made to absorb one into the other and/or to show that neither is complete without the other. Drawing on theories of justice, writers have often used the adjective *just* to describe societies, institutions, practices, and even schools that establish and maintain justice. Only recently have we seen the adjective *caring* applied to organizations such as large employers, nations, or schools. I will argue here that we should apply such labels cautiously. Organizations can certainly address some particular needs, but they cannot *care* in the sense required by care ethics. Assuming that they can do so may lead to a corruption of the concept of care. Before launching that argument, however, it is necessary to identify and analyze some important distinctions that arise in discussion of justice and care.

Justice and Care

It is generally recognized that justice is a rights-based ethic and care is needs-based. The concept of needs is enormously complex (Braybrooke 1987; Tronto 1993), and we'll have to say much more about it, particularly distinguishing needs from wants and desires. However, it seems clear that the concept of needs is more basic than that of rights. Indeed, it seems that rights begin as expressed needs (or wants) and become rights when claimants finally can exercise the power to satisfy their needs. Then it requires care—attentiveness and responsiveness—to extend those rights to others. It also requires care to perceive and understand that others may not evaluate a "right" as we do.

Another important difference between the two types of ethics is that care ethics is a relational ethic, whereas the justice approach is anchored in the individual, in his/her rights, duties, and liberty. In part, this distinction arises from the roots of care ethics in women's experience, the long history of responsibility for the welfare of children and the maintenance of caring relations. This history is clearly important, but over-emphasis on it sometimes causes confusion between *caring* and *caregiving*. Caregiving as an activity—paid or unpaid—can be engaged in with or without the care described in care ethics. While it is true that experience in caregiving, women's traditional experience, seems to engender the attitudes defined in care ethics, it is important to distinguish the activities from the overall ethical approach. It is also worth mentioning that the relational approach has been described by Martin Buber (1970) who advised us to start political and social theorizing with neither the individual nor the collective. "In the beginning," he wrote, "is the relation" (1970:69). Thus, although care ethics is widely (and rightly) considered to be closely related to women's experience, it is broader and deeper than "feminist ethics." As Virginia Held has pointed out:

Care is probably the most deeply fundamental value. There can be care without justice: There has historically been little justice in the family, but care and life have gone on without it. There can be no justice without care, however, for without care no child would survive and there would be no persons to respect. (2006:17)

As a relational ethic, care ethics recognizes the roles of both carer and cared-for in establishing and maintaining the caring relation. The carer is attentive, open to the possibility of being affectively moved and experiencing motivational displacement, and responds in a way to meet the needs of the cared-for or, at least, to maintain the caring relation. The cared-for completes the relation by acknowledging the efforts of the carer. It is important to note here that the response of the carer may or may not be efficacious in the long run. As carers, we occasionally make mistakes. This is another reason why care theorists put such emphasis on the relation. By maintaining the caring relation, we keep open the possibility of correcting our responses. An infant may smile and cuddle closer to the parent, a patient may sigh with relief as the nurse relieves her pain, a student may offer a comment or question that promotes further exploration of a point made by the teacher. The response of the cared-for need not be gratitude; it is merely (and significantly) an expression acknowledging that the caring has been received. The role of the cared-for is essential, and its recognition is central to care ethics. In traditional, rationalist ethics, a moral agent's act is judged by its conformity to the appropriate principle. In virtue ethics, it is judged by conformity with the requirements of character laid down by the finest model. In care ethics, a carer's act must be evaluated with respect to its effects on the relevant web of care, but there is no caring *relation*—no matter how hard the carer works—if there is no acknowledging response from the cared-for. This requirement is especially important when we consider the possibility of "caring" organizations.

Let's return briefly now to the topic of needs. In addition to the difficulty of distinguishing needs and wants, there is also confusion over assumed (or inferred) needs and expressed needs. Some human needs can obviously be assumed; we all need food, shelter, and clothing. It is still possible, however, to make mistakes even with these needs when we fail to communicate with those thought to be in need. Organizations have been known to flood survivors of natural disasters with clothing when they really need food or with food when they need building materials. But a deeper confusion arises in some theoretical descriptions of needs. When theorists such as Abraham Maslow suggest a hierarchy of needs, we are led to believe that people can address only one level of need at a time; that is, that one cannot aspire to a higher need until a lower one has been met (Braybrooke 1987). However, even if people cannot work actively on a higher level of need (and this is by no means certain), they may still feel such a need strongly. People may very well feel—or express in some way—simultaneous needs for food, safety, respect, even self-actualization. It is important to remember this as we move to globalize care. The message, once again, is to care—to attend, listen, observe, and to maintain relations of care and trust.

In education, most of what is done in schools is based on assumed needs, and there is some justification for this. After all, adults do have some knowledge about what children need to achieve satisfactory and satisfying lives. However, the best teachers listen not only for expressed needs but for expressed wants and interests. To have one's interests recognized and encouraged

is itself a basic need whether or not it is directly expressed. Understanding this, teachers offer far more in the way of information, stories, and informal histories than will appear on tests. Not every story or account will appeal to every student, but the plenitude of such offerings should ensure that most students will find their interests encouraged. To teach only that which all students *must* learn is to reduce teaching to mere instruction, and teachers are more than instructors. Good teachers are models of intellectual, aesthetic, and moral life. This ideal is recognized in care ethics when we respect the difference between assumed and expressed needs. To address expressed needs, teachers work to establish relations of care and trust with their students. Within such relations, intellectual dialogue can become meaningful.

It is also necessary to distinguish between caring-for and caring-about. It is not possible to care-for everyone in the world; caring-for requires the attention and response cultivated in relation. It is possible, however, to care-about—to be concerned for—multitudes at a distance. The question arises how this caring-about is to be translated into caring-for. A natural disaster such as an earthquake or flood usually brings an outpouring of caring-about, but the response is often short-lived, and sometimes the transition from caring-about (concern) to caring-for is disrupted by inefficiency or even corruption.

But, again, there is a deeper theoretical problem. If we suppose that those about whom we are concerned want (or need) exactly what we would want in their situation or that we can assume knowledge of their situation from a few salient facts, we are likely to make serious mistakes and evoke distrust and resentment rather than gratitude. As we discuss global and organizational caring, it should become clear that organizations (such as schools) cannot care-for directly. They must concentrate on establishing conditions under which caring-for can take place, under which relations of care and trust are established and maintained. We—as individuals or organizations—cannot do for every child what we wish for our own. In caring-about all children, we can work intelligently to support the conditions under which good people can supply the direct caring-for needed by every child.

Caring-about may be thought of as the foundation of justice in care theory. We can and should care about everyone and work from that basic attitude to establish policies that will facilitate the caring-for that must occur on-site. Both forms of caring are essential. Clearly, we can care-about and then fail to move on to caring-for, and I'll say much more about this common failure. But it is also possible to care-for those closest to us and ignore or even allow others to mistreat people who need care.

Care ethics recognizes the centrality of *emotion* or *feeling* in moral life. In this, we might trace our philosophical roots to David Hume and the moral philosophers who emphasized the role of feeling in moral motivation (Noddings: 2010; Slote: 2010). Reason is required in analyzing situations and evaluating our resources, but we may achieve understanding and yet remain bystanders. Hume put it this way:

> What is honourable, what is fair, what is becoming, what is noble, what is generous, takes
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> possession of the heart, and animates us to embrace and maintain it. What is intelligible,
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> what is probable, what is true, procures only the cool assent of the understanding.
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> (1983/1751:15)

To be motivated to act, we must *feel* something. When a large group of people react to the suffering of others at a distance, they care-about the sufferers and may act by contributing funds for their relief. This laudable caring-about, however, may or may not be realized in caring-for. As we explore ways in which to translate caring-about into caring-for, we will again encounter a complex of problems involving the concept of needs. Needs, whether assumed or expressed, must be interpreted, and that task must be undertaken at both the level of caring-about and that of caring-for.

Can Large Organizations Care?

In a recent article in the *New York Times*, Nicholas Kristof (2013) drew attention to the debate over whether foreign aid helps or hurts those meant to receive it, and he has provided some evidence on both sides of the debate. Sometimes the aid publicly announced for relief is actually directed toward political purposes and little reaches the purported recipients. Other times, the whole campaign is simply mishandled and inefficient. And too often, aid encourages corruption in both caregivers and receivers. What is missing in all of these cases is the activation of genuine caring-for, the person-to-person relationship characterized by attention, dialogue, recognition of expressed needs, and immediate response moved by the feeling aroused when people are in direct contact with those in need. Kristof documents the difference revealed in the work of Rea Dol in Haiti. Whereas much of the aid money meant for Haiti after the earthquake seems to have disappeared without a constructive result, "Dol soldiers on and works closely with a network of other Haitians also trying to build a better Haiti" (Kristof 2013:11). She has established a school and a library, and she works directly with both donors and recipients. In this case, the caring-about of students in Los Altos, California, has been translated into caring-for by Dol and a working group in Haiti. The success of Dol's project and that of so many on-site NGOs underscores the importance of relationships in caring-for.

Fiona Robinson notes that reaction to the world's growing interdependence has been "to return to the universalism of Kant" (1999:45). Robinson comments that this turn is ironic because a genuine understanding of globalization should lead us to appreciate differences not only between individuals but between groups, nations, and cultures. Care ethics is not aimed at removing all of these differences but, rather, at developing relationships that will disclose which should be removed by cooperative action and which should be sustained and appreciated. A common mistake under the Kantian return is to assume that we all share a common conception of justice and place the same value on individual rights. Robinson points out, rightly, that such a faulty conception of universality often leads to paternalism or even domination in an effort to correct others and shape their societies in our image.

It may be the paternalism felt by recipients of care that causes the passivity decried by some critics of both foreign and domestic aid. When people feel that they are recipients of aid because they are both needy and somehow deficient, they may sullenly accept their inferior status and simply give up. In some cases, acceptance may be accompanied by resentment, and then the possibility of corruption is increased. The ungrateful recipients of "care" feel justified in taking all they can get. This result underscores the importance of recognizing the simultaneity of needs. Those in economic need may at the same time need respect and the assurance that they are capable of helping themselves. Meeting this need should not excuse laziness or cheating. On the

contrary, it should be part of building relations of care and trust through which competence will grow on both sides. As Joan Tronto has argued, "an adequate account of needs, and of capacities, should be embedded in an understanding of care as an ongoing and multifaceted process" (1993: 139). I would add that, as the relationship develops, both parties—initial caregivers and recipients—should enter each encounter as potential carers and cared-fors. This is a mark, generally, of adult, equal relations. Realistically, we must admit that some recipients of care will not become more individually responsible; some may indeed become more lax and dependent. In such cases, a paternalistic program may be justified, but when should that possibility enter the interpretive discussion?

Nancy Fraser raises a host of questions concerning the interpretation of needs. Focusing on the homeless, she asks: "Do homeless people need forbearance, so that they may sleep undisturbed next to a hot-air vent on a street corner? A space in a subway tunnel or a bus terminal? A bed in a temporary shelter? A permanent home?" (1989:163) Now, of course, she is right to point out that, at the level of political discourse, there are multiple participants in the conversation and many competing interests. But all of this, important as it is, takes place in the "caring-about" mode. In that mode, Fraser admits, the needs of the homeless are assumed (or inferred) by various groups, and the right of the contesting groups who are making the assumptions to speak authoritatively is also assumed. The people in need are not usually included in these conversations.

Too often, it is supposed that what has been decided at the caring-about stage is definitive. On-site carers, then—those charged with providing care—simply have to follow the directives, albeit one would hope, with compassion and respect. Care ethics advises caution here. In attempting to establish a caring relation, a carer asks the question suggested by Simone Weil: "What are you going through?" Weil insists on meeting the other "not only as a unit in a collection, or a specimen from the social category labeled 'unfortunate,' but as a man, exactly like us" (1977: 51). One can disagree with the last phrase, "exactly like us," and yet endorse her basic advice that we must start with attention to the individual cared-for. In listening, we may move away from assumed needs toward expressed needs. Maintaining the caring relation makes it possible for both parties to suggest revisions in the mutual understanding of needs.

Weil's emphasis, one central to care ethics, is on attention. The carer listens to and observes the cared-for. Weil writes, "This way of looking is first of all attentive. The soul empties itself of all its own contents in order to receive the being it is looking at, just as he is, in all his truth" (1977:51). Now again, one may argue against Weil that it is simply not possible for the soul to empty itself of all its own contents, but care ethics argues that it *is* possible for the carer to put aside his or her own projects for the moment and allow the expressed needs of the cared-for to take precedence. When this occurs, the carer often feels with or for the cared-for and experiences motivational displacement; his or her motivational energy flows toward the needs of the cared-for.

At this point, another important feature of care ethics should be mentioned. When the carer is attentive, she is in a *receptive* mode. This is very different from the mode described in the original definition of empathy as projection into a work of art or another's mind in order to understand it. On that definition, empathy is projective and cognitive. In contrast, care ethics postulates the carer as receptive and feeling; she receives the other into her own mind and center of feeling; she does not project herself into the other. It is for this reason that I have been

reluctant to use the word *empathy*. Today, *empathy* is notoriously ambiguous. It is sometimes used as a synonym for sympathy. In some interpretations, the cognitive aspect—empathic accuracy—is dominant; in other approaches, the affective dimension is emphasized; often, there is confusion between empathy as process and empathy as a feeling that results from a process. The term badly needs further analysis (Noddings: 2013a).

In the projective mode, at the level of caring-about, we often ask how we would feel, what we would need, if we were in the other's situation. This is not a useless move. Indeed, it readies us to conform to the biblical injunction to do unto others as we would have done unto us. It prepares us to invoke justice. When we move to caring-for, however, we recognize that the other is an *other*, not necessarily exactly like us, and we must enter a receptive mode in order to find out what the other is going through, what he or she needs. We listen for expressed needs and do not assume what the other needs by reference to our own experience. Notice that both questions are useful, but one is better used at the level of caring-about, the other at the level of caring-for.

The brief answer to the question whether large organizations can care is that, in their policies and public statements, they can express their concern; they can care-about. To translate that form of caring into genuine caring-for, they must provide the conditions under which on-site workers can engage in caring-for.

Moving From Caring-about To Caring-for

In the policy discussions of large organizations, we are necessarily at the level of caring-about. I mentioned earlier Nancy Fraser's formidable list of questions on the problem of homelessness. There have been arguments made in favor of respecting the rights of the homeless to *be* homeless—to sleep under bridges or on the sidewalks, to beg outside restaurants, to disrupt traffic on city streets. When such arguments are made, one response is to consider others in the web of care. Will granting a particular right to the homeless cause distress to or violate the rights of others in the community? Will schoolchildren feel unsafe as they must walk past homeless men lying in corners or doorways for shelter? Will the aesthetic sense of the community be offended and business hurt by the decision of consumers to avoid areas inhabited by the homeless? Should we be ashamed even to raise such questions? Care theory insists that we listen when we are addressed. These questions must be discussed; both questioners and potential recipients of care may be enriched by the dialogue. To squelch questions that suggest insensitive class differences simply pushes their objections beneath the surface. When a woman says, "I don't like walking past dirty, drunken old men lying in doorways," it doesn't improve matters to remind her that the "dirty old men" are suffering more than she is and that she should be more compassionate. The focus has to be concentrated on the question, What shall we do about it?

Fraser (1989) and Tronto (1993) both emphasize the difference in power inherent in discussions of social policy. Those making policy are in positions of some authority; those in need of care typically have little power to change their situation. Often, even the vocabulary and grammar of the two groups are markedly different. To be sure, this power difference often works to satisfy the needs of those in power, but in trying to develop an appropriate vocabulary at the level of caring-about, we must exercise our receptivity and keep the conversation open. We can act to improve the condition of dirty old men without scorning the aesthetic interests of fussy old women. This is an important point at which to remind readers that care theory is not just about

caregiving, important as that is. More basically, it is about how we should meet and treat each other. Weil's question—What are you going through?—is relevant in every human encounter.

At the policy level, power differences exist between caregivers and care recipients, but the ideological differences mentioned above sometimes lead to conditions under which the needs of care recipients are actually neglected. The policy- makers throw their energy into fighting each other. For example, one group may describe itself as liberal and generous, the other as conservative and compassionate. Both present moral arguments, one inclined more toward equality and rights, the other toward paternalism. The contest over who are the "good guys" displaces the real problem. It would seem sensible to pull the debate away from a purely theoretical argument to one more clearly directed to the problems at hand. The policy-making of caring-about will still occur at some distance from the real-life recipients of care, but it need not concentrate on condoning or condemning paternalism or on general, theoretical positions concerning the role of government in welfare. The goal is not to separate policy-makers into two (or more) warring camps, each claiming to be right. The goal is to work together to improve the lives of those needing care and to support the on-site caregivers.

Well-conducted discussions on the problems of homelessness will recognize the expressed needs of policy-makers, community members, caregivers, and recipients of care. It should become clear that acts of paternalism are sometimes necessary, as are acts that allow freedom to do what many of us deem unwise. How should we choose? In *Starting at Home*, I wrote:

> A responsible society needs an attitude that will allow it to exercise sensitive control. I
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> argue, for example, that people should not be allowed to sleep on the street (even if they
>
> claim this as a right), but that the relevant public must respond to complaints that shelters
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> are not safe, hygienic, or consonant with the promotion of human dignity. We ought
>
> not to be deterred by charges of "paternalism" unless we are indeed guilty of exercising
>
> control without attentive love…In contrast to self-righteous love, attentive love listens,
>
> it is moved, it responds, and it monitors its own action in light of the response of the
>
> cared-for. (Noddings 2002:136-7)

Thus it is necessary to establish regular communication between those discussing care at the policy (or caring-about) level and those working directly with the recipients of care. How does the conversation change at the level of caring-for? The carer must listen and watch for expressed needs among those requiring care. These will vary from one recipient to another. In the case of homelessness, for example, some will express a need only for shelter; some will emphasize safety; some will hope for privacy; and some (families, usually) will express a need for a *home*, a living space uniquely their own. In a recent series in the *New York Times* (Elliott: 2013), it was revealed that one family—mother, step-father, and eight young children—were housed in one room, no kitchen, a bathroom shared by other residents. The Auburn Family Residency, where they lived for three years, is described in the first article in the series as "a decrepit city-run

shelter for the homeless" (1). Even the shortest conversation between care-worker and recipient would reveal desperate needs that are not being met.

We see here a failure at all levels. Cramming a large family into one room (without privacy partitions) should be forbidden at the policy level. Caregivers at the level that should be caring-for should press for more options. The needs of one man under treatment for alcohol addiction are surely very different from the needs of a large family. The caregivers are negligent in another way. Part of their job, as carers, should be to establish relations of care and trust not only with their clients but *among* their clients. The carers could recruit residents to clean the filthy bathrooms, watch for the safety of women and children in the halls, work together to make the serving of meals more efficient and pleasant. As things are now, the residents trust neither the care-workers nor each other.

The adults in the family described here are also at fault. The father rarely works, and he spends money foolishly. The mother admits to stealing and has spent occasional nights in jail. She is always ready for a fight and encourages her children to engage in physical combat to protect their interests. Perhaps the children should be placed in foster care, but…they love one another and derive their only sense of permanency from clinging to each other. It is this love for each other that should be built upon. It could provide a powerful motivating force.

In the earlier mention of Rea Dol in Haiti (Kristof: 2013), it was noted that she works closely with members of the group needing help. It would certainly make sense to do this—at least try to do it—at the Auburn residence. Are there residents willing to help themselves and others? Are care-workers willing to help in securing more financial support for cleaning supplies, paint, and the like? Is there regular, reciprocal communication between those charged with caring-for and those at the caring-about level? Do policy-makers invite suggestions from on-site workers, or do they simply insist on "accountability"? If the latter is the case, then there is an absence of caring at the level of transition from caring-about to caring-for. At every stage, we must remember that there is no caring relation if the cared-for does not acknowledge the effort to care. When neither the homeless nor the social workers charged with their care feel cared-for, there is clearly something wrong with the system.

When we read about situations such as those in the Auburn Family Residency, we not only deplore the lack of attention to expressed needs at every level, but we also think more tolerantly of paternalism. After all, there are good fathers and bad fathers. A government agency must sometimes exercise control of those citizens who seem, on sound evidence, unable to take responsibility for their own lives. We allow this reluctantly because we regret the loss of freedom it involves. The alternative, however, may be worse. To allow people to live in squalor, to permit their children to skip school often, to steal when they want to provide a birthday cake, to continue their lives in addiction, and to insist that they are not responsible for all of these misfortunes cannot be defended in the name of freedom. Isaiah Berlin put it well when he said, "to admit that some of our ideals may in principle make the fulfillment of others impossible is to say that the notion of total human fulfillment is a formal contradiction, or metaphysical chimaera" (1969:167-8).

Commenting on this assessment in an earlier work, I said:

If by coercion of the mentally ill [or socially irresponsible], we produce for them a

better life than they might have had, the loss of freedom is to that degree justified. If

their lives are not improved—and here we have to listen to their evaluation of their

own experience—then, as Berlin would put it, the loss of freedom is absolute.

(Noddings 2002:258).

Caring Schools

In our discussion of caring in social services, we saw that failures to provide care can occur at the level of caring-about (policy-making), at the level of caring-for, or in the transition from one level to the other. It was granted in that discussion that a system of care must provide for both assumed and expressed needs and that it is sometimes necessary to exercise paternalism. In this brief exploration of caring schools, I will argue that today's schools have gone too far in the direction of paternalism; that is, we are exercising too much control and too little attentive love.

The tendency, ostensibly driven by a sense of justice, is to force all students into a college preparatory program regardless of their talents and interests. As a result, courses in music, the arts, and vocational pursuits have been drastically cut. Policies established at the caring-about level concentrate on providing the same education for all students, thereby depriving many students of opportunities to develop their own special abilities. Indeed, it has become almost heresy to suggest that some students, perhaps many, are better suited to programs other than the conventional academic preparation. I agree that all students should have an opportunity *to choose* (not be assigned to) an academic program, but they should also have the opportunity to choose, under careful guidance, a really fine vocational program, and at present we are unwilling to spend the money required to develop and sustain such programs (Noddings 2013b). This is a failure at the caring-about level.

A second example of failure at the policy level is the establishment of zero-tolerance rules. Fortunately, school people are beginning to speak out against these rules. To punish each forbidden act in exactly the same way—whether the offense was committed by accident, by a first-offender, with or without an apology—cripples the efforts of teacher-carers to relate to their students as individuals. Policies of this kind undermine efforts to care-for.

At bottom, today's policy-making is too narrowly concentrated on standardized teaching and testing. When smaller class-size is recommended, for example, policy-makers ask whether the result will be higher test scores. They seem to forget that there other, more important, outcomes to seek. Smaller classes provide greater opportunities for teachers and students to develop relationships of care and trust. Schools would almost certainly do better on the issues addressed under zero-tolerance rules if they encouraged teachers to spend more time in developing these relationships instead of trying to control behavior through threats of punishment. Teachers and students should be encouraged to work together to build a safe, cooperative, and creative learning environment.

Possibly the worst failure in translating caring-about into caring-for is the over-emphasis on instruction at the cost of relationships. Teachers are not just instructors. If that were their only job, we might do well to turn the job over to computers and on-line courses. Students are influenced by their teachers not only as instructors but far more deeply by them as persons. Doris

Kearns Goodwin, in her account of the journalists working for *McClures*, notes, "Each of the four journalists [Ray Stannard Baker, Lincoln Steffens, Ida Tarbell, and William Allen White] was deeply influenced by a teacher" (2013:201). We hear stories like this again and again, and yet the current insistence is on strictly planned lessons involving a learning objective, direct instruction, practice (often rote), and assessment. Sometimes, the lesson is even scripted.

Sound educational policies would encourage the creation of relationships of care and trust between teachers and teachers, teachers and students, students and students. Relationships of care and trust are developed person-to-person through attention and dialogue. Mark Edmundson writes:

> Why does the encounter need to take place face-to-face, rather than online? Because the
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> student and the teacher need to create a bond of good feeling, where they are free to speak
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> openly with each other. They need to connect not just through cold print but through
>
> gestures, intonations, jokes. The student needs to discover what the teacher knows and
>
> what she exemplifies about how to live; the teacher needs contact with the student's
>
> energy and hopes. (2013: 46)

Conclusion

Large organizations such as social services, schools, and nations cannot care directly; that is, they cannot care-for in the sense prescribed by care theory. Caring-for requires a person-to-person relationship in which both carer and cared-for play essential roles. No institution can do this. What it can do is to provide and support the conditions under which caring relations can prosper. If these conditions are met, the population involved—again, both carers and recipients of care—should report positively on the efforts to care.

With advocates of justice, care theorists agree that organizations, nations, and societies should care-about the welfare of everyone. But the policies promulgated at the caring-about level must support the work of those doing the person-to-person on-site, the real work of caring-for.

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